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**RECEIVED**

In The United States District Court

JAN 07 2008 aew For the Northern District of Illinois  
Jan 7, 2008 CHICAGO DIVISION

**RECEIVED**

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

JAN 9 2008

Louis C Sherrin,  
Petitioner

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

vs.

Attorney General,  
Respondent

CASE # 82 CR 555

EMERGENCY APPLICATION

DIRECTED TO THE HONORABLE CHARLES KOCHANSKI, JUDGE

SUPPLEMENT TO EMERGENCY  
APPLICATION FOR WRT OF  
HABEAS CORPUS

COMES NOW THE PETITIONER, LOUIS CHARLES  
SHERRIN AND MOVES UNDER 28 USC 2241  
FOR WRIT OF HABEAS CORPUS TO ISSUE, AS  
PETITIONER IS BEING HELD IN VIOLATION OF  
HIS RIGHTS UNDER BOTH CIVIL RIGHTS LAW  
AND CONSTITUTIONAL LAW.

08CV0116

JUDGE KENNELLY

MAG. JUDGE MASON

Petitioner would show via EXHIBITS)

1. THAT ON OR ABOUT December 7, 2007 while in Federal Custody, Petitioner had a heart attack SEE EXHIBIT MARKED "A"
2. THAT Petitioner was rushed by AMBULANCE TO Saint Anthony's Hospital on 12/07/07 AND ADMITTED TO INTENSIVE CARE UNIT IN CRITICAL CONDITION. SEE EXHIBIT MARKED "B"
3. THAT CARDIAC ANGIOPLASTY WAS PERFORMED AND A SEVENTH (7<sup>TH</sup>) STEENT WAS PLACED BY DR. SUTOR. SEE EXHIBIT MARKED "C" INTO PETITIONER'S  $\rightarrow$  LAD ARTERY

4. THAT ADDITIONALLY PETITIONER  
WAS DIAGNOSED WITH DIABETES,  
BREAST CANCER (MASS) AND LEFT  
SHOULDER INJURY <sup>"U"</sup> FOR FOLLOW-UP  
BY RESPONDENT. SEE EXHIBIT  
MARKED "D" NO FOLLOW-UP GIVEN!  
TO DATE.

5. THAT A HANDWRITTEN MED  
LIST WAS SENT WITH PETITIONER.  
SEE EXHIBIT MARKED "E"

6. THAT ALSO A COMPUTER  
GENERATED 3 PAGE MED  
LIST WAS ALSO SENT TO  
FEDERAL DETENTION CENTER  
(A) OKLAHOMA CITY, AND MCC CHICAGO.

7. THAT THE THREE PAGE  
MEDICATION LIST CONTAINED  
21 MEDICATIONS LISTED,  
HOWEVER THE MEDICATION  
LIST SENT WITH PETITIONER  
WAS THAT OF ONE

JAMES T. CALL

DATE OF BIRTH 01-23-38

SEE EXHIBITS MARKED

"F", "G" AND "H"

AND NOT LOUIS C. STEPHEN

8. THAT DR. HARVEY, CLINICAL  
DIRECTOR PRESCRIBED ON  
EXHIBITS F, G AND H MEDICATIONS

WITHOUT PAYING ATTENTION  
TO WHAT NAME WAS ON  
THE MED LIST, INJURY PERIODER  
→ AS A CONSEQUENCE  
OF HARKEY'S NEGLIGENCE,  
AND MALPRACTICE —  
PERIODER WAS RUSHED  
TO NORTHWESTERN HOSPITAL  
WITH CARDIAC COLLAPSE,  
BLOOD PRESSURE OF 88/40  
NEAR DEATH; AND POSSIBLE CAEDRO-DAMAGE  
SEE EXHIBITS I, J,  
K, AND L, DISCHARGE FROM  
NORTHWESTERN.  
— 5 —

PETITIONER WAS INJURED  
AND CONTINUES TO NEED  
FOLLOW-UP FOR BREAST  
CANCER<sup>1</sup>. SEE EXHIBIT  
MARKED "K," OF WHICH MCLL  
IGNORES.

PETITIONER MOVES FOR RELEASE  
OR MEDICAL BOND, FORTWORTH.

Respectfully submitted,  
John O'Neil

Louis C. STEPHEN  
71 W. Van Buren St  
Chicago, IL 60605

U SINCE Nov 13, 2007 AND C SHOULD  
BE ON CORA DURNEY.



STAT



## St. Anthony Hospital

Spiral 2007-08

1000 North Lee Street  
Oklahoma City, OK 73102

## **PHYSICIAN'S ORDERS**



1000 North Lee Street  
Oklahoma City, OK 73102

1000 North Lee Street  
Oklahoma City, OK 73102

ST ANTHONY HOSPITAL

\* SHREYA

" SHEPTON, LOUIS  
073410010

0734100419 CAR 3005-01

40723/1948 59Y M 12/07/07  
000511330

SUTOR, RONALD

— 1 —

St. Anthony's

St. Anthony's



## St. Anthony South

BEHAVIORAL MEDICINE

2129 S.W. 59th Street

2129 S.W. 35th Street  
Oklahoma City, OK 73119

**Saint Anthony Hospital**  
1000 North Lee, Oklahoma City, Oklahoma 73102

### Inpatient Discharge Instructions

ST ANTHONY HOSPITAL

\* SHEPTIN, LOUIS I/P  
0734100419 CAR 3005-01  
10/23/1948 59Y M 12/07/07  
SUTOR, RONALD 000511770

Diagnoses and Comments:

~~COPD~~ Seizure Disorder

~~HIV~~ AFib

~~Shoulder soft tissue injury~~

~~Hepatitis C~~

~~GERD~~

Appointments:

Physician: Dr. Estelle Radical Clinic date/time: \_\_\_\_\_

Special Instructions:

Diet: ~~Healthy Diet~~

Activity: ~~No lifting for 1 week~~

Other: (laboratory, physical therapy, return to work, etc)

Home Health: \_\_\_\_\_ phone: \_\_\_\_\_

Medications: (name, dosage, how often)

~~Ec Asprin 325 daily po~~

~~Plavix 75mg~~

~~Vitamin D 1400 every evening~~

~~Sotalol 40mg~~

~~Zantac 150 mg twice daily~~

~~Dilantin 300 mg everyday~~

~~NTG 0.4mg 5 L PRN chest pain~~

~~Iylenol 325 1-2 tabs q 4 hrs PRN pain~~

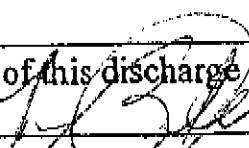
~~TO GIVE~~

~~as needed Emergency~~

If you have questions, call: \_\_\_\_\_

phone: \_\_\_\_\_

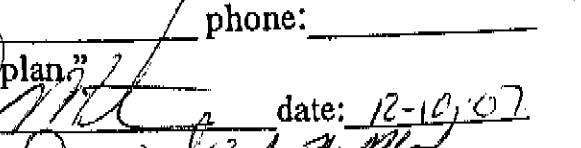
"I understand, and have received a copy of this discharge plan."

(signature of patient or guardian): 

date: 12-10-07

Physician signature: \_\_\_\_\_

date: \_\_\_\_\_

discharging nurse: 

date: 12-10-07

fax number: \_\_\_\_\_

date & time faxed: \_\_\_\_\_

initials: \_\_\_\_\_

STAT



 St. Anthony Hospital

1000 North Lee Street  
Oklahoma City, OK 73102

5A382-B (Rev. 9/05)



## **PHYSICIAN'S ORDERS**

St. Anthony  
Hospital

1000 North Lee Street  
Oklahoma City, OK 73102

### St. Anthony South

BEHAVIORAL MEDICINE

2129 S.W. 59th Street  
Oklahoma City, OK 73119

**Saint Anthony Hospital**

1000 North Lee, Oklahoma City, Oklahoma 73102

ST ANTHONY HOSPITAL



1/P

 \* SHEPTYN, LOUIS  
 0734100419 CAR 3005-01  
 10/23/1948 59Y M 12/07/07  
 SUTOR, RONALD 000511770
**Inpatient Discharge Instructions**Diagnoses and Comments:

CNS sp stant  
 AFib  
 Hepatitis C  
 GERD

Seizure disorder

Shoulder soft tissue injury

Appointments:

Physician: Dr. Levine Medical Clinic date/time: \_\_\_\_\_

Special Instructions:

Diet: Healthy Heart

Activity: No lifting for 1 week

Other: (laboratory, physical therapy, return to work, etc)

Home Health: \_\_\_\_\_

phone: \_\_\_\_\_

Medications: (name, dosage, how often)

Ec Asprin 325 daily po

Plavix 75mg

o Votexin 10/40 every evening

o Sotalol 40mg

Banotec 150mg twice daily

o Dilantin 300mg everyday

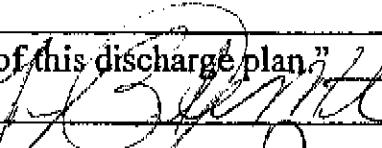
NTG 0.4mg 5L PRN chest pain

Iylenal 325 1-2 tabs q 4hrs PRN pain

If you have questions, call: \_\_\_\_\_

phone: \_\_\_\_\_

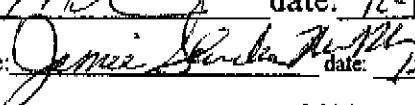
"I understand, and have received a copy of this discharge plan."

(signature of patient or guardian): 

date: 12-10-07

Physician signature: \_\_\_\_\_

date: \_\_\_\_\_

discharging nurse: 

date: 12-10-07

faxed to: \_\_\_\_\_

fax number: \_\_\_\_\_

date &amp; time faxed: \_\_\_\_\_

initials: \_\_\_\_\_

## \*\*\*\*\* UNSCHEDULED MEDICATION ORDERS (cont.) \*\*\*\*\*

## Special Instructions:

Ord#	Start	Stop	Drug/Dose/Route/Comments	Frequency	0000-0730	0731-1530	1531-2359
0163 PD FLK	12/08 1700		MOM CONCENTRATE 10 ML SUSPENSION MILK OF MAGNESTA CONC Dose: 30ML/10 ML [ORAL] CONTIPATION  10ML CONCENTRATE = 30ML MOM	daily prn PRN			
0166 PD FLK	12/08 1700		OXYCODONE/APAP 5/325MG/5 MG TABLET OXYCODONE HCL W/ACETAMINOPHEN Dose: 1-2 TAB/1-2 TABLET [ORAL] FOR PAIN	every 3 hours PRN		+ jpn	
0169 NH FLK	12/08 1700		OXYCODONE/APAP 5/325MG/5 MG TABLET OXYCODONE HCL W/ACETAMINOPHEN Dose: 5 MG/1 TABLET [ORAL] 1-2 TABLETS	every 3h PRN			
0167 PD FLK	12/08 1700		ZOLPIDEM 5 MG TABLET ZOLPIDEM TARTRATE Dose: 5 MG/1 TABLET [ORAL] FOR SLEEP, MAY REPEAT X 1  Caution: This medication may cause drowsiness and confusion. It also may increase the patient's risk of falling.	HS MRX! PRN			

Scheduled Meds

12/10	Lovenox 40 mg SQ	daily		0900 AM	
12/10	Metformin 850mg PO	TID		0900 1200 2100	

## Unadministered Dose Code

R - Refused      H - Hold      \* - See Narrative Note  
 A - Pt Absent      NPO

Init	Signature	Init	Signature
JM	James Marder MD	JB	Pennient

MAR Verified by: 0110  
DEC 10 2007

Site Codes  
 1-Rt Upper Arm 2-Left Upper Arm 3-Abdomen  
 4-Rt Lat Thigh 5-Lt Lat Thigh 6-Buttock  
 7-Lt Buttock 8-Upper Rt Thigh 9-Upper Lt Thigh  
 10-Lt Thigh 11-Rt Hip 12-High Lat Lt Hip

3004-01      3SE      A0733700361  
 CAIL, JAMES T  
 DOB: 01/23/38 Age: 69Y Sex: M Adm: 12/03/07  
 A000303457 Dr: HOWELL, CLIFFORD ERIC

Allergies: PENICI

St Anthony Hospital

Covers Doses from:

Medication Administration Record

OKLAHOMA CITY, OK 73102

12/10/07 00:00 to 12/10/07 23:59

Printed: 12/09/07 23:00

Page: 3 (End of MAR)

## \*\*\*\*\* SCHEDULED MEDICATION ORDERS \*\*\*\*\*

## Special Instructions:

Ord#	Start	Stop	Drug/Dose/Route/Comments	Frequency	0000-0730	0731-1630	1531 2359
0172 RH FLK	12/09 2100		ALBUTEROL 3 ML SOLUTION ALBUTEROL SULFATE INHL Dose: 2.5 MG [INHL]  TO BE ADMINISTERED BY RESPIRATORY CARE PERSONNEL. See Respiratory Care Clinical Notes for documentation of treatment and actual administration time.	every 4h	0100 0500	0900 1100 JPM	1700 2100
0159 PD FLK	12/08 0900		AMLODIPINE BESYLATE 10 MG TABLET NORVASC Dose: 10 MG/1 TABLET [ORAL] Ord As: CADUET 10/20 ***** AND *****	Daily		0900 JPM	
0159 PD FLK	12/08 0900		ATORVASTATIN 10 MG TABLET LIPITOR Dose: 20 MG/2 TABLETS [ORAL]	Daily		0900 JPM	
0157 PD FLK	12/08 0900		ASPIRIN EC 325 MG TABLET DR ECASA 325MG Dose: 325 MG/1 TABLET DR [ORAL]	every AM		0900 JPM	
0160 PD FLK	12/08 0900		LEVOTHYROXINE 100 MCG TABLET SYNTHROID Dose: 100 MCG/1 TABLET [ORAL] ***** AND *****	Daily		0900 JPM	
0160 PD FLK	12/08 0900		LEVOTHYROXINE 75 MCG TABLET SYNTHROID Dose: 75 MCG/1 TABLET [ORAL]	Daily		0900 JPM	
0156 PD FLK	12/08 2100		METOPROLOL TARTRATE 25 MG TABLET B-LOPRESSOR <del>new dose</del> Dose: 25 MG/1 TABLET <del>50 MG</del> [ORAL] IF NO CONTRAINDICTION	2 x daily		0900 JPM	2100
0158 TL	12/08 1630		SURESTEP PRO 1 TEST STRIP FINGERSTICK BLOOD SUGAR TEST Dose: 1 TEST/1 STRIP [MISC] Ord As: START IF BG > 150 DOCUMENT RESULTS ON DIABETIC F.S.  60-150mg/dl 0 Units <del>reg</del> insulin 151-200 " 0 Unit 351-400 8 Units 201-250 " 2 Unit 401-450 10 Units 251-300 " 4 Unit REPEAT Feb 4 hr 301-350 " 6 Unit call DR >= 401	2xdaily ac		0731 273 401 JPM	1630
12/10			Plavix 75 mg	daily		0900 JPM	
12/10			Nexium 20mg PO	BID		0900 JPM	2100
12/10			Digoxin 0.25 mg PO	BID today then daily		0900 JPM	2100
Unadministered Dose Code							
R = Refused H = Hold * - See Narrative Note	A = Pt Absent NPO						
Init	Signature	Init	Signature	Site Codes			
JM	<i>JM</i>	<i>JM</i>	<i>JM</i>	1-Rt Upper Arm 2-Left Upper Arm 3-Abdomen 4-Rt Lat Thigh 5-Lt Lat Thigh 6-Buttock 7-Lt Buttock 8-Upper Rt Thigh 9-Upper Lt Thigh 10-High Lat Rt Hip 11-High Lat Lt Hip			
MAR Verified by: <i>0110</i> <i>DEC 10 2007</i>				3004-01 CAIL, JAMES T	3SE	A0733700361	
				DOB: 01/23/38 Age: 69Y Sex: M Adm: 12/03/07 A000303457 Dr: HOWELL, CLIFFORD ERIC			
				Allergies: PENICI			

St Anthony Hospital

Covers Doses from:

Medication Administration Record

## \*\*\*\*\* UNSCHEDULED MEDICATION ORDERS (cont.) \*\*\*\*\*

## Special Instructions:

Ord#	Start	Stop	Drug/Dose/Route/Comments	Frequency	0000-0730	0731-1530	1531-2359
0160 RH FLK	12/08 1700		ACETAMINOPHEN 325 MG TABLET ACETAMINOPHEN Dose: 325 MG/1 TABLET [ORAL] PRN FOR TEMP > 101	every 4h PRN			
0165 PD FLK	12/08 1700		DILTIAZEM INJECTION DILTIAZEM Dose: 10 MG/2 ML [IV] Ord As: <100 IF HR >120 FOR 20MIN HOLD FOR SBP	as needed PRN			
0161 PD FLK	12/08 1700		HEPARIN FLUSH INJ CARTRIDGE HEPARIN LOCK FLUSH Dose: 200 UNITS/2 ML [IV] Ord As: PICC LINE/TRIPLE LUMEN CARE EACH DAY AND PRN AFTER MEDICATION  Flush each lumen with 10ml NS followed by 2ml 100U/ml Heparin after blood draws and infusions and daily when not in use ***** AND *****	as needed PRN			
0161 PD FLK	12/08 1700		SODIUM CHLORIDE INJ SYRINGE NS 10ML SYRINGE FLUSH Dose: 0.9 %/10 ML [IV] EACH DAY AND PRN AFTER MEDICATION	as needed PRN			
0164 PD FLK	12/08 1700		MAALOX 30ML U/D 30 ML SUSPENSION MAALOX PLUS USE THIS ONE Dose: 1 DOSE/ [ORAL] Ord As: ANTACID OF CHOICE PRN GASTRIC UPSET	as needed PRN			
0162 PD FLK	12/08 1700		METOCLOPRAMIDE INJECTION REGLAN Dose: 10 MG/2 ML [IV] Ord As: IF CONTRAINDICATED USE ZOPRAN NAUSEA/VOMITING ***** OR *****	q 4 hrs PRN			
0162 PD FLK	12/08 1700		ONDANSETRON INJECTION ONDANSETRON HCL Dose: 4 MG/2 ML [IV] Ord As: IF REGLAN INEFFECTIVE/CONRAIN NAUSEA/VOMITING  Therapeutic substitution per P&T	every 6h PRN			
Unadministered Dose Code				Site Codes			
R = Refused	H = Hold	*	= See Narrative Note	1-Rt Upper Arm 2-Left Upper Arm 3-Abdomen 4-Rt Lat Thigh 5-Lt Lat Thigh 6-Buttock 7-Lt Buttock 8-Upper Rt Thigh 9-Upper Lt Thigh 10-High Lat Rt Hip 11-High Lat Lt Hip			
A = Pt Absent	NPO			3004-01 3SE A0733700361 CATIL, JAMES T			
Init	Signature	Init	Signature	DOB: 01/23/38 Age: 69Y Sex: M Adm: 12/03/07 A000303457 Dr: HOWELL, CLIFFORD ERIC			
MAR Verified by: <i>G/10</i> DEC 10 2007				Allergies: PENICI			

St Anthony Hospital

Covers Doses from:

Medication Administration Record

## Discharge Instructions

SHEPTIN, LOUIS - 000267786549

\* Final Report \*

Result type: Discharge Instructions  
Result date: 24 December 2007 10:42  
Result status: Authenticated  
Result title: Discharge Instructions  
Performed by: BARKER, BLAKE on 24 December 2007 10:51  
Verified by: BARKER, BLAKE on 24 December 2007 10:51  
Encounter info: 000098119928, NMH, Inpatient, 12/23/2007 -

**\* Final Report \***

## Discharge Instructions

Patient: **SHEPTIN, LOUIS** MRN - **000267786549** - NMH MRN  
Age: **59 years** Sex: **Male** DOB: **10/23/1948**  
Associated Diagnoses: **None**  
Author: **BARKER, BLAKE**

## Discharge Information

**Admission date:** 12/23/07**Discharge date:** 12/24/07**Hospital physician:** Didwania, Parikh, Gindi**Your discharge diagnoses:** Chest Pain, subtherapeutic phenytoin level**Procedures performed:** Labwork, Chest X-Ray**Activities you may perform (limitations noted):** As tolerated

Eating  
Dressing  
Bathing

6/2/2007  
3/18/05  
P. Harvey, M.D.  
Clinical Director

Printed by: BARKER, BLAKE  
Printed on: 12/24/2007 10:51

Discharge Instructions

SHEPTIN, LOUIS - 000267786549

\* Final Report \*

**Cooking  
Shopping  
Phone use  
Travel ability  
Treatments  
Medication administration  
Cleaning/laundry  
Walking  
Using stairs  
Moving from bed to chair**

**Additional activity restrictions (lifting/driving/other): As tolerated**

**Assistance you require (walker/cane/crutches/wheelchair/prosthetic device/none):None**

**Diet restrictions:Low fat, low cholesterol**

**Allergies:**

codeine,tetracycline,Versed

**Your complete list of medications to take:**

aspirin 325 mg oral tablet  
1 tab(s) by mouth daily

Nitrolingual  
1 spray(s) under the tongue every 5 minutes

phenytoin 600mg oral capsule, extended release  
1 capsule by mouth daily (HIGHER DOSE)

## Discharge Instructions

SHEPTIN, LOUIS - 000267786549

\* Final Report \*

**Plavix**

75 milligram by mouth daily

**sotalol**

40 mg PO qd

**Tylenol**

325 milligram by mouth every four hours as needed for pain

**Vytorin 10/40 tab**

1 tab(s) by mouth daily

**Zantac 150**

150 milligram by mouth twice a day

~~TERGRETOL 200 mg by mouth twice a day~~**Changes from your prior medications:****Phenytoin dose was increased.****When to call your doctor: If any of your symptoms worsen or continue without resolution or response to medical therapy.****Additional instructions (daily weights, wound care): None****You must tell your doctor about these issues needing further evaluation:****Right breast mass (consider biopsy)****Subtherapeutic phenytoin level****Your appointments:**

Follow up with your internal medicine doctor in 2-4 weeks.

**Instructions were reviewed and given to the patient.**